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For Other Than An Authorized Committee Office Use Only TYPE OR PRINT ▼ NAME OF Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. liance for Better Candidates ADDRESS (number and street) Check if different than previously reported. (ACC) STATE A ZIP CODE ▲ CITY A 2. FEC IDENTIFICATION NUMBER ▼ **AMENDED** 3. IS THIS NEW C:00 491 811 REPORT (N) OR (A) 4. TYPE OF REPORT (b) Monthly Aug 20 (M8) Nov 20 (M11) May 20 (M5) Feb 20 (M2) (Non-Election Year Only) (Choose One) Report Due On: Dec 20 (M12) Sep 20 (M9) Mar 20 (M3) Jun 20 (M6) (Non-Election Year Only) (a) Quarterly Reports: Jan 31 (YE) Jul 20 (M7) Oct 20 (M10) Apr 20 (M4) April 15 Quarterly Report (Q1) (c) Primary (12P) Runoff (12R) 12-Day General (12G) July 15 PRE-Election Quarterly Report (Q2) Special (12S) Report for the: Convention (12C) October 15 Quarterly Report (Q3) in the January 31 State of Election on Year-End Report (YE) July 31 Mid-Year 30-Day (d) Report (Non-election Runoff (30R) Special (30S) **POST-Election** General (30G) Year Only) (MY) Report for the:  $\bigcap$ Termination Report in the (TER) State of Election on 04 01 2016 Covering Period through I certify that I have examined this Report and to the best of knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.